# Understanding Pregnancy and Oral Health

## Evidence Based Information for Health Professionals

Health professionals are well placed to discuss the importance of oral health during pregnancy and the impact that poor oral health can have on the pregnant woman and her baby.

Good oral health in pregnancy is important because:

1. Hormonal changes during pregnancy can cause the gums to have a more exaggerated response to the bacteria that create gum disease. Gums may become red, swollen and bleed more easily and the teeth may loosen.

2. The acid from gastric reflux and or frequent or excessive vomiting can cause tooth erosion. Frequent snacking on sugary foods and drinks to satisfy cravings may increase the risk of tooth decay.

3. There is growing evidence to suggest that advanced periodontitis during pregnancy may be associated with pre-term or low birth weight babies and pre-eclampsia.

4. Tooth decay is the result of an infection with certain types of bacteria that use sugars in food and drinks to make acids. Over time, these acids can make a cavity in the tooth.
These bacteria can be transmitted to the infant from a mother (and other close carers) with untreated decay.

## Facts

25% of women of reproductive age have untreated dental decay. (Silk et al, 2008)

75% of pregnant women suffer from gingivitis, the most common oral disease in pregnancy. (Boggess 2008)

30% of women of reproductive age suffer from periodontitis. (Boggess 2008)

There is an association between severe gum disease and pre-term birth, low birth weight and pre-eclampsia. (Shanti,2012 and Herrerra,2007)

## You can help improve outcomes for mother and baby by:

- Making them aware that keeping teeth and gums healthy during and after pregnancy is important for their health and their baby's.
- Reassuring them that routine dental care is recommended and safe when pregnant.
- Asking if they are having any problems in their mouth such as pain, swelling or bleeding gums, decayed or broken teeth. If yes, please encourage the patient to seek dental care.
- If eligible, asking if they would they like a priority appointment with Oral Health Services Tasmania (OHST) and referring if they say yes.

Oral Health Service Tasmania
1300 011 013

TASMANIAN HEALTH SERVICE
Tasmanian Government

## Who is eligible for priority dental care with OHST?

### Pregnant women who:

- Live in Tasmania's North West AND
- Have a current Health Care Card or Pensioner Concession card OR
- Are under 18 years of age

### Is there a cost?

Under 18 years of age is FREE.
Otherwise there is a cost of $44 per appointment.
Payment options can be arranged.

### What if your patient is not covered by a Concession Card?

Pregnant adults not covered by a concession card are encouraged to visit a private dentist.

## What preventive advice can you provide?

- Encourage twice daily brushing of teeth with a soft toothbrush and fluoride toothpaste, and to spit out the toothpaste and not rinse.
- Even if gums are sore or bleeding to continue gentle and thorough brushing twice a day.
- Drink tap water, especially in between meals.
- Limit sugary foods and drinks.
- Snack smart: If craving sugary foods or drinks suggest having them with a meal and not in between meals.

## Why worry?

The baby will have less chance of developing early childhood decay if the mother has healthy gums and teeth. Decay causing germs can be passed from mother to baby after birth.

## Morning Sickness, Reflux and Vomiting

All can cause dental erosion as a result of regurgitated gastric acid. If your patient is suffering from morning sickness advise her to:

- Rinse out her mouth with water straight after vomiting. (Suggest using a mouth rinse of 1 teaspoon of Sodium Bicarbonate in 1 cup of water. Rinse around vigorously and spit out).
- Wait for at least 30 minutes before brushing with fluoride toothpaste.
- Chew sugar free gum to stimulate saliva.
- Use an alcohol free fluoride mouth rinse before bed.

If you need more information about this priority referral program for pregnant women contact:
dental.devonport@ths.tas.gov.au and request a return call.

A recent systematic review suggests an association between treatment of periodontitis and reduction of pre-term births for pregnant women at risk of pre-term birth. (Kim et al 2012)

Mothers with poor oral health are the primary transmitters of cariogenic bacteria to their babies. The earlier this occurs, the greater the risk of early childhood decay. (Douglas et al, 2008 and Rogers, 2012)

Early childhood decay is a serious dental disease, the result of which is cavities, pain, infection, speech problems, early tooth loss, dental phobia and loss of self esteem. (Cameron et al, 2006)

There is no increased risk of pre-term deliveries, spontaneous abortions or still births, or foetal abnormalities associated with either essential dental treatment or general dental care.
(Michalowiez,2008 and Daniels,2007)

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